

| Local Code | Description                     | Minimum Criteria | Max Units | Allowed \$ | Time |  | National Code | Description  | Minimum Criteria | Minimum Units | Max Units | Allowed \$ | Time |
|------------|---------------------------------|------------------|-----------|------------|------|--|---------------|--|------------------|---------------|-----------|------------|------|
| X0228      | Occupational Therapy Evaluation | Licensed OT      | 3         | \$61.78    | 30   |  | 97003         | Occupational Therapy Evaluation  | Licensed OT      | 1             | 3         | \$61.78    | 30   |
| X0230      | Physical Therapy Evaluation     | Licensed PT      | 3         | \$61.78    | 30   |  | 97001         | Physical Therapy Evaluation  | Licensed PT      | 1             | 3         | \$61.78    | 30   |
| X0231      | Physical Therapy Service        | Licensed PT      | 3         | \$61.78    | 30   |  | 97110         | Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength & endurance, range of motion & flexibility            | Licensed PT      | 1             | 6         | \$30.89    | 15   |
| X0231 HM   | Physical Therapy Service        | PTA              | 3         | \$51.28    | 30   |  | 97110 HM      | Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength & endurance, range of motion & flexibility            | Licensed PTA     | 1             | 6         | \$25.64    | 15   |
|            | PT Group                        | Licensed PT      | 3         | \$30.89    | 30   |  | 97150 GP      | Therapeutic procedure(s), group (2 or more individuals) GP = Services delivered under an outpatient physical therapy plan of care                          | Licensed PT      | 1             | 3         | \$30.89    | 30   |
|            | PT Group                        | PTA              | 3         | \$25.64    | 30   |  | 97150 GP HM   | Therapeutic procedure(s), group (2 or more individuals) GP = Services delivered under an outpatient physical therapy plan of care                          | Licensed PTA     | 1             | 3         | \$25.64    | 30   |
| X0232      | Occupational Therapy Service    | Licensed OT      | 3         | \$61.78    | 30   |  | 97530         | Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes | Licensed OT      | 1             | 6         | \$30.89    | 15   |
| X0232 HM   | Occupational Therapy Service    | COTA             | 3         | \$51.28    | 30   |  | 97530 HM      | Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes | Licensed COTA    | 1             | 6         | \$25.64    | 15   |

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|             | OT Group                  | Licensed OT            | 3         | \$30.89    | 30   |  | 97150 GO    | Therapeutic procedure(s), group (2 or more individuals) GO = Services delivered under an outpatient occupational therapy plan of care                    | Licensed OT                              | 1         | 3         | \$30.89 | 30   |
|             | OT Group                  | COTA                   | 3         | \$25.64    | 30   |  | 97150 GO HM | Therapeutic procedure(s), group (2 or more individuals) GO = Services delivered under an outpatient occupational therapy plan of care                    | Licensed COTA                            | 1         | 3         | \$25.64 | 30   |
| X0233       | Speech Therapy Evaluation | Licensed SLP Therapist | 3         | \$61.78    | 30   |  | 92506       | Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status  | Licensed Speech and Language Pathologist | 1         | 3         | \$61.78 | 30   |
| X0234       | Speech Therapy Service    | Licensed SLP Therapist | 3         | \$61.78    | 30   |  | 92507       | Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual                     | Licensed Speech and Language Pathologist | 1         | 3         | \$61.78 | 30   |
|             | Speech Therapy Service    | SLPA                   | 3         | \$51.28    | 30   |  | 92507 HN    | Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual                     | SLPA                                     | 1         | 3         | \$51.28 | 30   |
|             | Speech Therapy Group      | Licensed SLP Therapist | 3         | \$30.89    | 30   |  | 92508       | Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals | Licensed Speech and Language Pathologist | 1         | 3         | \$30.89 | 30   |
| X0234 HQ HN | Speech Therapy Group      | SLPA                   | 3         | \$25.64    | 30   |  | 92508 HN    | Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals | SLPA                                     | 1         | 3         | \$25.64 | 30   |

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| X0235      | Other Professional Evaluation        | Service Coordinator II | 3         | \$61.78    | 30   |  | 96150     | Health & Behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face to face w/ patient; initial assessment | Service Coordinator                    | 1         | 6         | \$30.89    | 15   |
| X0236      | Center Development Group Service     | Service Coordinator II | 3         | \$30.89    | 30   |  | 97150     | Therapeutic procedure(s), group (2 or more individuals)  | Qualified Professional                 | 1         | 3         | \$30.89    | 30   |
| X0237      | Consultative Service in Day Care     | Service Coordinator I  | 3         | \$51.48    | 30   |  | see below | Consultative Service in a Day Care is now included in Consultative Service in Other Agency   | Service Coordinator                    |           |           |            |      |
| X0238      | Consultative Service in Other Agency | Service Coordinator I  | 3         | \$51.48    | 30   |  | H2015     | Comprehensive Community Support Service, per 15 minutes  | Qualified Professional                 | 1         | 6         | \$25.74    | 15   |
|            |                                      |                        |           |            |      |  | H2015 HM  | Comprehensive Community Support Service, per 15 minutes  | Service Coordinator & Paraprofessional | 1         | 6         | \$18.02    | 15   |
| X0241      | Non-Medical Case Management          | Service Coordinator I  | 4         | \$36.04    | 30   |  | T1016     | Case Management, each 15 minutes   | Service Coordinator                    | 1         | 8         | \$18.02    | 15   |
| X0242      | Intake/Family Assessment             | Service Coordinator I  | 4         | \$36.04    | 30   |  | T1023     | Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter  | Service Coordinator                    | 1         | 4         | \$36.04    | 30   |
| X0243      | Assessment w/ 2 clinicians           | Service Coordinator II | 4         | \$123.56   | 30   |  | H2000     | Comprehensive Multidisciplinary Evaluation   | Qualified Professional                 | 1         | 4         | \$123.56   | 30   |
| X0244      | Progress Review                      | Service Coordinator II | 4         | \$51.48    | 30   |  | S0316     | Follow-up/Reassessment   | Qualified Professional                 | 1         | 4         | \$51.48    | 30   |
|            |                                      |                        |           |            |      |  | S0316 HM  | Follow-up/Reassessment   | Service Coordinator                    | 1         | 4         | \$36.04    | 30   |

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| X0245      | Individual Family Service Plan (IFSP) Meeting | Service Coordinator I  | 4         | \$51.48    | 30   |  | T1023 TS | Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter | Service Coordinator    | 1         | 4         | \$51.48    | 30      |
| X0245B     | Interim IFSP                                  | Service Coordinator II |           |            |      |  | H2011    | Crisis Intervention Service,  | Qualified Professional | 1         | 8         | \$17.50    | 15      |
| X0246      | Developmental Monitoring                      | Service Coordinator II | 2         | \$51.48    | 30   |  | 96151    | Health & Behavior Re-assessment   | Qualified Professional | 1         | 4         | \$25.74    | 15      |
| X0247      | Transitional Planning                         | Service Coordinator I  | 4         | \$51.48    | 30   |  | T1016 TG | Case Management, each 15 minutes  | Service Coordinator    | 1         | 8         | \$25.74    | 15      |
| X0248      | Nutritional Services                          | Licensed Dietician     | 3         | \$51.48    | 30   |  | S9470    | Nutritional Counseling, dietitian visit   | Licensed Dietician     | 1         | 3         | \$51.48    | 30      |
| X0249      | Transportation                                | Para-professional      | 2         | \$10.30    |      |  | T2004    | Non-emergency transport; commercial carrier, multi-pass   | Paraprofessional       | 1         | 2         | \$10.30    | One way |
| X0250      | Health/Nursing Services                       | Licensed RN            | 3         | \$51.48    | 30   |  | T1002    | RN services, up to 15 minutes   | Licensed RN            | 1         | 6         | \$25.74    | 15      |
| X0251      | Individual Child Therapy                      | Qualified Professional | 3         | \$61.78    | 30   |  | 96152    | Health & Behavior intervention, each 15 minutes, face to face; individual   | Qualified Professional | 1         | 6         | \$30.89    | 15      |
| X0252      | Individual Child and Family Therapy           | Qualified Professional | 3         | \$61.78    | 30   |  | 96154    | Health and Behavior Intervention, each 15 minutes, face to face w/ family (w/ Patient Present)  | Qualified Professional | 1         | 6         | \$30.89    | 15      |
| X0253      | Family Therapy                                | Qualified Professional | 3         | \$61.78    | 30   |  | 96155    | Health and Behavior Intervention, each 15 minutes, face to face w/ family (w/o Patient Present)   | Qualified Professional | 1         | 6         | \$30.89    | 15      |
| X0254      | Integrated Group                              | Service Coordinator I  | 3         | \$30.89    | 30   |  | H2015 HQ | Comprehensive Community Support Services, per 15 minutes  | Service Coordinator    | 1         | 6         | \$15.45    | 15      |

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| X0255      | Center Development Group     | Service Coordinator I  | 3         | \$30.89    | 30   |  | T1026    | Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychological impairments, per hour  | Service Coordinator | 1         | 2         | \$61.78    | 60   |
| X0256      | Parent and Child Group       | Service Coordinator I  | 3         | \$30.89    | 30   |  | T1027    | Family Training and Counseling for Child Development, per 15 minutes  | Service Coordinator | 1         | 6         | \$15.45    | 15   |
| X0257      | Parent Education Group       | Service Coordinator I  | 3         | \$30.89    | 30   |  | S9446    | Patient Education, not otherwise classified, non-physician provider, group, per session   | Service Coordinator | 1         | 6         | \$15.45    | 15   |
| X0258      | Special Group                | Service Coordinator I  | 3         | \$30.89    | 30   |  | H2015 HQ | Comprehensive Community Support Service, per 15 minutes   | Service Coordinator | 1         | 6         | \$15.45    | 15   |
| X0259      | Assistive Technology Device  | N/A                    | 999       | \$0.00     |      |  | T5999    | Supply, not otherwise specified   | N/A                 | 1         | 1         | as billed  | N/A  |
| X0260      | Assistive Technology Service | Service Coordinator II | 10        | \$51.48    | 30   |  | 97535    | Self Care/Home Mgmt Training Direct One on One Contact by Provider, each 15 minutes   | Service Coordinator | 1         | 20        | \$25.74    | 15   |
| X0675      | Medical Case Management      | MD                     | 4         | \$36.04    | 30   |  | 99361    | Medical Conference by a Physician w/ Interdisciplinary Team of Health Professionals or Representatives of Community agencies to coordinate activities of patient care (patient not present); approximately 30 minutes | MD                  | 1         | 4         | \$36.04    | 30   |
| XO995      | Translator                   | Para-professional      |           | \$36.04    | 30   |  | T1013    | Sign Language or Oral Interpretive Services, per 15 minutes   | Paraprofessional    | 1         | 20        | \$14.00    | 15   |

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| XO996      | Interpreter              | Para-professional      |           | \$29.59    | 30       |  | T1013    | Sign Language or Oral Interpretive Services, per 15 minutes  | Paraprofessional       | 1         | 20        | \$14.00    | 15       |
| X0805      | Treatment Consultation   | MD                     | 6         | \$20.00    | 15       |  | 99371    | Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management w/ other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); simple or brief (eg, to report on tests and /or lab results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan or to adjust therapy | MD                     | 1         | 6         | \$20.00    | 15       |
| XO991      | File Management          | Para-professional      | 1         | \$0.33     | per diem |  | H2016    | Comprehensive Community Support Services, per diem   | Paraprofessional       | 1         | 1         | \$0.33     | per diem |
| XO993      | Supervision              | Qualified Professional | 2         | \$12.50    | 15       |  | H0046 HN | Mental Health Service, not otherwise specified (Bachelors Level)   | Service Coordinator    | 1         | 2         | \$12.50    | 15       |
| XO993      | Supervision              | Qualified Professional | 2         | \$15.00    | 15       |  | H0046 HO | Mental Health Service, not otherwise specified (Masters Level)   | Qualified Professional | 1         | 2         | \$15.00    | 15       |
| XO993      | Supervision              | Qualified Professional | 2         | \$17.50    | 15       |  | H0046 HP | Mental Health Service, not otherwise specified (Doctoral Level)  | Qualified Professional | 1         | 2         | \$17.50    | 15       |
|            | Psychological Evaluation | Psychologist           | 5         | \$95.00    | 60       |  | 96111    | Developmental Testing; extended with interpretation and report; per hour   | Psychologist           | 1         | 5         | \$95.00    | 60       |

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|            | Psychiatric Evaluation                        | Psychiatrist           | 1         | \$150.00   | 50   |  | 90801    | Psychiatric Diagnostic interview examination  | Psychiatrist  | 1         | 1         | \$150.00   | 50   |
|            | Diagnostic Interview                          | Qualified Professional |           |            |      |  | 90802    | Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication   | Qualified Professional  | 1         | 1         | \$130.00   | 50   |
|            | Individual Psychotherapy                      |                        |           |            |      |  | 90814    | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face to face with the patient | Psychiatrist, Psychologist, Psychiatric Nurse, Marriage & Family Therapist (MFT), Licensed Independent Clinical Social Worker (LICSW), & Licensed Mental Health Counselor | 1         | 1         | \$183.34   | 75   |
|            | Comprehensive Audiometry Threshold Evaluation | Licensed Audiologist   |           |            |      |  | 92557    | Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)   | Licensed Audiologist  | 1         | 3         | \$99.00    | 30   |
|            |   |                        |           |            |      |  | 92002    | Ophthalmological services: medical exam and evaluation w/ initiation of diagnostic and treatment program; intermediate, new patient   | MD  | 1         | 4         | \$30.89    | 15   |
|            |   |                        |           |            |      |  | 92004    | Ophthalmological Service, Comprehensive, new patient , one or more visits   | MD  | 1         | 4         | \$30.89    | 15   |





